

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037464

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

378  
FILED OCT 1 1962

Primary Registration District No.

4552

Registrar's No.

44

STATE FILE NUMBER

VS 300  
Rev. 4/59

1141

21412

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9196.7

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1270-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mountain Grove</b>		c. CITY OR TOWN <b>Mountain Grove</b>	
Length of stay in 1b <b>6 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>510 W/ 8th</b>		d. STREET ADDRESS (If outside, give location) <b>510 W/ 8th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Benjamin</b> Middle <b>Chandler</b> Last <b>Hollingshad</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>21</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-22-1908</b>
9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>53</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Store</b>	
11. BIRTHPLACE (City and state or country) <b>West Plains, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Benjamin F. Hollingshad</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Mae Chowning</b>	
14. NAME OF HUSBAND OR WIFE <b>Ara M. Hatfield</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>Ara M. Hollingshad Mtn. Grove, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Isola Garcon Left Tumor</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Myocardial Infarction</b> DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>6:30</b> a.m. <b>PM</b> Month, Day, Year <b>Sept 10 1962</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Sept 10 1962</b>	
20f. CITY, TOWN, OR LOCATION <b>West Plains, Missouri</b>		20g. COUNTY <b>Wright</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>Sept 10 1962</b> , to <b>Sept 21-62</b> and last saw him alive on <b>Sept 20, 62</b> Death occurred at <b>6:30 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>W. L. Liberman M.D.</b>	
22b. ADDRESS <b>West Plains, Mo</b>		22c. DATE SIGNED <b>9-24-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-23-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>West Plains, Missouri</b>	
24. FUNERAL DIRECTOR <b>Kwell C. Graig</b>		25. DATE RECD. BY LOCAL REG. <b>9-24-1962</b>	
ADDRESS <b>Mtn. Grove, Missouri</b>		26. REGISTRAR'S SIGNATURE <b>Bernice L. Liberman</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 2 1962

MAR 22 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Levell C. Craig*

Licensed Embalmer No.

*4766*

P. O. Address

*Wm Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.